

OCPO Request for Investigation

Office of Child Protection Ombudsman
(OCPO)
120 North 200 West, Room 422
P.O. Box 45500
Salt Lake City UT 84145-0500

(801) 538-4589
fax: (801) 538-3942
(800) 868-6413

Name: _____

Address: _____

Phone: _____ Date: _____

What is your relationship to the child? _____

Child's Name	Date of Birth	Who currently has custody of the child?

Employee(s) named in the complaint: _____

Summary of the complaint (attach additional pages if necessary): _____

Specifically, what would you like the Ombudsman's Office to do for you? _____

Signature